

HC4435 Public Health

Ac'd by Dean  
29.65

D O R S E T   C O U N T Y   C O U N C I L

# EDUCATION COMMITTEE



## ANNUAL REPORT ON THE SCHOOL

## HEALTH SERVICE

# 1964



ANNUAL REPORT  
OF THE  
PRINCIPAL SCHOOL MEDICAL OFFICER  
FOR THE YEAR  
**1964**

A. F. Turner  
M.B., B.Ch., D.P.H.



## CONTENTS

	Page No.
FOREWORD	(i)
STAFF	1 & 2
SCHOOL HEALTH SERVICE 1964	
Staff	3
Population	3
Number of Schools	3
MEDICAL INSPECTION	
Number of pupils examined	4
Defects of vision - routine testing	4
- colour vision	4
PERSONAL HYGIENE	4
MINOR AILMENTS	5
AUDIOLOGY SERVICE	
Pre-school children	5
School children	5
Statistics	6
CONSULTANT CHILD PSYCHIATRIST'S REPORT	7 - 10
SENIOR SPEECH THERAPIST'S REPORT	11 & 12
NOCTURNAL ENURESIS	12
HANDICAPPED PUPILS	13 - 15
INFECTIOUS DISEASES	
Immunisation against Poliomyelitis, Diphtheria and Tetanus	16
Prevention of Tuberculosis	16 & 17
SCHOOL MILK AND MEALS	18 & 19
SCHOOL SWIMMING	19
WATER SUPPLIES TO SCHOOLS	19 & 20
SCHOOL CAMPS	20
SCHOOL HYGIENE	20
HEALTH EDUCATION IN SCHOOLS	21
SMOKING	21
PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT	22 - 26
SCHOOL CLINICS	27
STATISTICAL APPENDIX	28 - 34



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29166160>



## FOREWORD

Until recent times the School Health Service had always been based on routine examination of children at stated intervals during their school life. While a high incidence of serious disease and defects prevailed among the pupils this was the logical approach and the specialist services were naturally developed to give the necessary treatment for all the physical and mental defects found at these routine inspections.

For the past few years, however, the Department of Education and Science has suggested that Authorities should experiment with non-routine examination of children in the intermediate age groups and for the past two years this has been done in the County area. Some of the advantages of the experimental scheme are :-

1. It is possible to devote more time to the children requiring attention.
2. As fewer children are taken out of class the school routine is less disturbed.
3. Teachers and parents feel they are part of the team, being free to refer any child, thus playing a more responsible role in the examination.

It is still too early to say definitely whether the screening efficiency of the experimental scheme is better than the old method. Certainly it appears to provide a more efficient service in terms of school medical officer's time as children who are seen have been brought forward on account of some difficulty or defect or lack of progress thus avoiding the examination of many healthy children who have led uncomplicated and normal school lives. The progress of this scheme in the County area will be reported on annually for the next few years.

During the year a special sub-committee of the Education Committee carried out a detailed review of the school dental service. Several meetings were held and the final report, which was most comprehensive, made recommendations for widespread improvements, some of which have already been implemented. It was recognised that in rural areas the dental service must be brought to the school and the future pattern may be an increasing school service in rural areas associated with a greater use of the general dental service in the urban areas.

The general health of schoolchildren continues to be excellent. No new schemes to promote positive health were commenced during 1964 but it is hoped to start a new immunisation scheme against measles in 1965. This should reduce absenteeism among the younger children at school and reduce the number of permanent handicaps which the disease leaves in its wake.

There were a large number of staff changes during 1964, which are referred to in detail later on in the Report. There was a good response to the advertisements and all the vacancies were filled satisfactorily with the exception of the assistant county medical officer post at County Hall which was still vacant at the end of 1964. Dr. G.F. Willson took up his appointment as Deputy Principal School Medical Officer early in the year and Mr. J.S. MacLachlan replaced Mr. P.J. Pretty as Chief Dental Officer.

Dr. Willson has had many years experience in a similar capacity at Oxford and the administration of the School Health Service in Dorset presented no difficulties to him. My thanks are due to him and to Mr. T.R. Townsend, the administrative assistant, for the preparation of this Report, and to all members of the school health staff for their interest and support during the year. I would also like to thank all the school teachers who have, as usual, co-operated in the running of the service.

County Hall,  
Dorchester.  
April, 1965.

A.F. TURNER  
Principal School Medical Officer





SCHOOL HEALTH SERVICE ESTABLISHMENT  
(At 31st December, 1964)

CENTRAL STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

A.F. Turner, M.B., B.Ch., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

G.F. Willson, M.D., D.P.H.

SCHOOL MEDICAL OFFICERS

K.J. Adams, M.R.C.S., L.R.C.P., D.P.H.

W.E. Hadden, M.B., B.S., D.P.H., D.A.,  
D.T.M. & H.

G.B. Hopkins, M.B., Ch.B., D.P.H.

J.G. Meadows, M.B., Ch.B., D.P.H.

N.F. Pearson, M.R.C.S., L.R.C.P., D.P.H.

Jill C. White, M.B., B.S., M.R.C.S.,  
L.R.C.P., D.P.H., D.C.H.

Vacancy

COUNTY NURSING OFFICER

Irene F. Ranklin, S.R.N., S.C.M., H.V.Cert.

SCHOOL NURSES (22)

SPEECH THERAPISTS

Nora M. O'Driscoll, L.C.S.T. (Senior)

Gwenyth E. Marston, L.C.S.T.

Vacancy

PRINCIPAL SCHOOL DENTAL OFFICER

J.S. MacLachlan, L.D.S., R.C.S.

DENTAL OFFICERS

N.P. Bronsdon, L.D.S., R.C.S., M.R.C.S.,  
L.R.C.P.

K.H. Coulton, L.D.S., R.C.S.

N.J. Dyer, L.D.S., R.C.S., B.D.S.

D.G. Greenfield, L.D.S., R.C.S.

Edna G. Laylee, L.D.S. (part-time)

Elizabeth C. Linley, L.D.S., R.C.S.

P.H.W. Maynard, L.D.S., R.C.S.

K.P. Robertson, L.D.S., R.C.S.

DENTAL AUXILIARY

Janice C. Evans

DENTAL HYGIENIST

Elizabeth B.A. White

Vacancies (2)

DENTAL SURGERY ASSISTANTS (9)

ADMINISTRATIVE ASSISTANT

T.R. Townsend

## POOLE BOROUGH STAFF

### BOROUGH SCHOOL MEDICAL OFFICER

J. Hutton, M.D., D.P.H.

### SCHOOL MEDICAL OFFICERS

D. Cullen, M.B., B.S., M.R.C.S., L.R.C.P.,  
D.P.H.

A. McCutcheon, M.B., Ch.B., D.P.H.

Rosa Strunin, M.D.

H.C. Williamson, M.B., B.Ch., D.P.H.

### BOROUGH NURSING OFFICER

Marion Davies, S.R.N., S.C.M., H.V.Cert.

### SCHOOL NURSES (13)

### BOROUGH DENTAL OFFICER

F.E.R. Williams, L.D.S.

### DENTAL OFFICERS

A.C.S. Barnard, L.D.S., R.C.S.

A.E.G. Gapper, L.D.S., R.C.S.

C. Green, L.D.S., R.C.S.

### DENTAL SURGERY ASSISTANTS (4)

### SPEECH THERAPIST

Charlotte Tone, L.C.S.T.

## SOUTH DORSET DIVISIONAL EXECUTIVE AREA STAFF

### AREA MEDICAL OFFICER

E.J.G. Wallace, M.B., Ch.B., D.P.H.

### SCHOOL MEDICAL OFFICER

P.M. Fea, M.B., Ch.B.

### DENTAL OFFICERS

R.G.E. Brown, B.D.S. (part-time)

E. Farwell, L.D.S. (part-time)

Edna G. Laylee, L.D.S. (part-time)

Marguerite D. Mason, B.Dent.Sc. (part-time)

### DENTAL SURGERY ASSISTANTS (2)

## JOINT SERVICES

### CHILD GUIDANCE

Consultant Psychiatrist

W.H. Whiles, M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist

R.J.M. Taylor, M.A., B.Ed.

Psychiatric Social Workers

Astrid D. Filliter

Joan G. Hardy (part-time)

Joy L. Shires (part-time)

### ORTHODONTICS

Consultant Orthodontist

J.D. Hooper, L.D.S., D.Orth., R.C.S.

Senior Orthodontic Registrar

A.M. Cookson, L.D.S., D.Orth., F.D.S.,  
R.C.S.

### DEAFNESS ASSESSMENTS

Mary Andress, B.Sc., N.C.T.D.Dip.

# THE SCHOOL HEALTH SERVICE 1964

## STAFF

A number of staff changes took place during the year. Dr. I.B. Lawrence, School Medical Officer and Medical Officer of Health for the Dorchester Borough and Rural areas, retired on the 31st May, after 15 years service and was succeeded by Dr. K.J. Adams. Dr. A. Armit, School Medical Officer and Medical Officer of Health for the Bridport, Lyme Regis and Beaminster areas for 22 years retired on the 31st July, being succeeded by Dr. J.G. Meadows. Dr. C.A.G. Ward, School Medical Officer in the South Dorset area retired on 31st October after 21 years service. Dr. E.J. O'Keeffe, School Medical Officer and Medical Officer of Health for the Wareham and Swanage areas for 25 years retired on the 28th November, being succeeded by Dr. W.E. Hadden.

The only change in establishment during the year was in respect of speech therapists whose establishment was increased from 3 to 4. The new post has not yet been filled.

Changes amongst dental staff are described in the report of the Principal School Dental Officer.

## POPULATION

The Registrar General's estimated population of Dorset was 327,250.

Average numbers on the school registers on 28th January, 1965 :-

	Primary	Secondary Modern	Comprehensive	Grammar	Special	Totals	
						1964	(1963)
County Districts	14,029	5,265	2,624	2,920	115	24,953	(24,534)
Poole Excepted Area	7,493	3,956	-	1,403	-	12,852	(12,686)
South Dorset Divisional Executive	4,929	2,097	-	1,035	-	8,061	(7,865)
Totals	26,451	11,318	2,624	5,358	115	45,866	(45,085)

## Number of Schools

Type	South Dorset Area	Poole Area	County Area	Totals
Primary	24	21	154	199
Secondary Modern	5	7	13	25
Comprehensive	-	-	4	4
Grammar	1	2	9	12
Special	-	-	2	2
Totals	30	30	182	242



## MEDICAL INSPECTION

### NUMBER OF PUPILS EXAMINED

The following table relates to the whole County including Poole Excepted Area and South Dorset Divisional Executive

	1962	1963	1964
Entrants	2,427	3,232	3,584
Eleven-year olds	1,806	1,968	1,452
Leavers	3,259	3,173	3,172
Special Examination	7,476	7,749	8,227
Others (transfers from private and army schools etc.)	2,377	2,364	1,829
Totals	17,345	18,486	18,264
Re-inspection	4,565	2,572	3,260
Grand totals	21,910	21,058	21,524

In the County area routine examinations have, since 1962, been confined to entrants to primary schools and to school leavers. In addition special examinations have been carried out on children of any age known to be suffering from particular disabilities or who have been brought forward by parents or teachers because of some suspected disorder.

The routine medical examination of eleven year olds has been continued in Poole and the South Dorset Area.

### DEFECTS OF VISION

#### ROUTINE TESTING

In the County area school entrants are tested at the age of five by the school health visitors, children with vision of 6/9 in one or both eyes being re-examined at the time of the next inspection and children with vision of 6/12 or worse in one or both eyes being referred to the ophthalmic specialist. Re-examinations are subsequently carried out every two years. In Poole these re-examinations are carried out every three years and in the South Dorset area they are done at the time of the routine intermediate and leavers medical examinations.

#### COLOUR VISION

Colour vision is tested by means of Ishihara charts at 11 to 14 years of age. A Giles-Archer lantern with which one can distinguish between the safe and dangerous varieties of colour blindness has recently been obtained and is available for the more accurate testing of children who wish to take up a career requiring normal colour vision but who fail the Ishihara test.

### PERSONAL HYGIENE

During the year 59,051 personal hygiene inspections were carried out by the school health visitors and 212 children were found to have lice or nits in the hair. Inspections are concentrated on schools where persistent offenders have been found in the past and although efforts are made to detect and eradicate infestation in family contacts it is notoriously difficult to elicit the co-operation of the whole family so that some children are found to be repeatedly re-infested when follow-up examinations are carried out.



## MINOR AILMENTS

The following table relates to the Poole and South Dorset areas only as it has not been found necessary to hold such clinics elsewhere. The figures include children who are referred as a matter of convenience for the more detailed examination of defects previously noted besides children who seek advice concerning some recently acquired minor ailment.

Number of cases dealt with at minor ailment clinics :-

	1960	1961	1962	1963	1964
Poole	541	605	447	456	442
South Dorset	171	115	101	58	61
Totals	712	720	548	514	503

## AUDIOLOGY SERVICE

### PRE-SCHOOL CHILDREN

The early detection of deafness with, where necessary, the provision of hearing aids and the institution of special training is of paramount importance if residual hearing is to be trained and speech is to be developed to a sufficient degree to enable the child to benefit from ordinary educational methods. For this reason all children are tested routinely at about the age of seven months by the health visitors who all receive special training for this purpose. Infants who fail the initial test are referred to one of the standing clinics held by Miss M. Andress, further tests then being carried out with the assistance, when possible, of the appropriate health visitor.

### SCHOOL CHILDREN

Miss Andress and her assistant visit all primary schools once a year and carry out a sweep test with the pure tone audiometer on all children who will be six in that year. Children failing this test are referred to a standing clinic for a full audiometric test, parents being invited and provided with transport where this is necessary. If further investigation is indicated a report on the test with a copy of the audiogram are sent to the E.N.T. consultant after the agreement of the child's private medical practitioner has been obtained. During the year 25 children were provided with hearing aids.

Besides school entrants who have failed the routine test children are referred to the standing clinics from a variety of other services as is shown in the accompanying tables.

Our grateful thanks are once again extended to Mr. R. Whittaker and Mr. R. Salkeld, the consultant E.N.T. surgeons who have contributed much to the success of these services.

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS  
AMONGST CHILDREN IN THE COUNTY AND SOUTH DORSET AREAS

SCREENING OF SCHOOL ENTRANTS

	South Dorset	County	Totals
No. of children given screening tests	669	2, 537	3, 146
No. of children failed screening tests	41	331	372
No. referred for treatment after investigation	16	98	114

ANALYSIS OF CASES REFERRED FOR FULL AUDIOMETRIC INVESTIGATION

1. Sources

	South Dorset	County	Totals
Children who failed screening tests	41	331	372
Children referred by Health Visitors	2	73	75
Children referred by Medical Officers	1	71	72
Children referred by Speech Therapists	1	14	15
Children referred by Head Teachers	-	6	6
Children referred by Parents	-	19	19
Children referred by General Practitioners	1	4	5
Children referred by E.N.T. Specialists	15	7	22
Children referred by Paediatricians	-	8	8
Children referred by Other Sources	-	9	9
Totals	61	542	603

2. Findings of Audiometrician

	South Dorset	County	Totals
No significant loss recorded	36	213	249
Referred to E.N.T. Specialist	17	141	158
For retest 1965	8	80	88
Other action	-	23	23
Totals	61	457	518*

\*Some cases still to be investigated and others did not keep appointments.

3. Results of cases referred to the E.N.T. Specialist

	South Dorset	County	Totals
No action advised	-	17	17
To be reviewed	6	13	19
Tonsils and adenoids removed	5	33	38
Tonsils to be removed	-	-	-
Adenoids to be removed	-	19	19
Other operative treatment	-	14	14
Other action	-	16	16
Reports still outstanding	6	29	35
Totals	17	141	158



## CHILD GUIDANCE SERVICE

The following report has been provided by Dr. W.H. Whiles, Consultant Children's Psychiatrist:-

Clinics have been held during the year following the same arrangement as previously, with four clinics a week being held in Poole, two in Dorchester and one in Weymouth. One whole day session a fortnight is held at Bridport, the alternate weeks clinics being held in Sherborne and Gillingham.

During the year 308 new cases have been seen at the various clinics, which is once again an increase on the previous year. The distribution of new cases between the various areas is approximately 42 per cent Poole, 30 per cent Dorchester, 11 per cent Weymouth, 7 per cent Bridport, 6 per cent Sherborne and 4 per cent Gillingham. The total number of children seen by the Child Guidance team was 940, which is an increase of 47 on the last year and is an increase of 126 over the last two years. During the last quarter we were fortunate in securing the services of another part-time psychiatric social worker, bringing the psychiatric social worker sessions up to the equivalent of two full-time appointments. In spite of this the volume of work has continued to increase to such an extent that the case load is greater than can be satisfactorily carried by the present staff. At the end of the year 40 children were awaiting preliminary investigation by the psychiatric social workers, which is 25 more than at the end of last year. This is in spite of our policy of giving special priority to early diagnosis so that a parent or child is seen by one member of the team as soon as possible after referral. Completion of investigation by the Consultant Psychiatrist continues to be difficult to fit in without a waiting period as his time is divided between diagnosis and those children needing regular intensive psychotherapy. At the end of the year 60 children were awaiting their first psychiatric appointment, which is an increase of 21 compared with the end of last year. If preliminary investigation shows an urgent need for a psychiatric appointment, or if anything suggests that symptoms are deteriorating, children are brought in for an urgent appointment.

The main source of referral continues to be general practitioners, with school medical officers, headteachers and the Children's Officer coming next, each having referred about the same number of children during the year. 24 boys or girls were given special interviews during the year, while on remand for special psychiatric reports requested by the Juvenile Court. Most of these were new cases, but some were children already known to the Child Guidance Clinic. At the completion of investigation one in five of all new children seen were found to need regular intensive psychotherapy from the Consultant Psychiatrist. This is about the same proportion as in previous years. Most of these children were able to commence treatment during the year, but 25 were still on the waiting list on the 31st December. As a number of children are likely to be ready to stop psychotherapy early in the new year it is likely that most of these children will be quickly taken on for treatment.

The Lawn Day Remedial Centre for Maladjusted Children in Poole has continued to be a valuable addition to educational treatment measures available. A second teacher has now been added to the staff, so that a group of younger children has now been started and some emotionally disturbed children can go there for a short period to prepare them for starting school. Of the new cases seen during the year 17 were recommended for help at The Lawn.

All members of the Child Guidance team have continued to keep in close touch with the Penwithen Hostel for Maladjusted Children. The psychiatric social workers visit the parents of these children regularly and the whole clinic team meets with the hostel staff for a case conference once a month. The Consultant Psychiatrist visits the hostel every fortnight to discuss children with the staff and children from the hostel are seen at the Dorchester Child Guidance Clinic for periodic review or for regular psychotherapy. All other Dorset children who are residentially placed as maladjusted pupils in other schools or hostels are seen by the Consultant Psychiatrist during the holidays and the

psychiatric social workers keep in close touch with their families. Each term a conference is held between the Child Guidance team, School Medical Officer and the Education Department to discuss the future of these children, to decide when they are ready to leave their residential placement and to plan for after care. The Consultant Psychiatrist and Educational Psychologist continue to attend the deaf assessment clinics when held in Weymouth and Poole. Most of the children admitted to the Gloucester Road Reception Centre are seen by the Consultant Psychiatrist and Educational Psychologist and a monthly case conference is held with the Children's Department.



## CHILD GUIDANCE SERVICE - STATISTICS

Number of children seen during the year 1964	940
Children carried forward from 1963	632
New cases seen during 1964	308
Children awaiting investigation on 31.12.64	40
Total children awaiting first Psychiatric appointment on 31.12.64	60
Cases closed during 1964	322
Total number of cases under observation or treatment on 31.12.64	618

### ANALYSIS OF NEW CASES INVESTIGATED DURING 1964

#### Sources of referral of new cases :-

General Practitioners	108
School Medical Officers	57
Education Officer and Head Teachers	52
Children's Officer	55
Probation Officers	2
Other sources	34

#### Problems for which children were referred :-

Behaviour problems	145
Nervous symptoms	74
Educational problems	26
Enuresis	14
Psychosomatic	13
Special advice	36

#### Age Groups :-

Pre-school	20
Infant school	61
Junior school	113
Secondary school (Modern)	93
Secondary school (Grammar)	15
Left school	6

#### Recommendation made of new cases :-

Still under investigation	36
Diagnosis and advice only	94
Superficial treatment	78
Intensive treatment advised	64
Residential treatment advised	13
Admitted to Hospital for treatment or investigation	6
Special Day School for Maladjusted Children - Poole	17

### ANALYSIS OF CASES CLOSED DURING 1964

Diagnosis and advice only	123
Transferred to other agencies	34
Removed from area	29
Satisfactory adjustment after Child Guidance treatment	77
Improved after Child Guidance treatment	42
Unco-operative or unimproved	17

## PSYCHIATRIC INTERVIEWS

Diagnostic	264
Re-examination	362
Treatment	954
Total interviews with children	1, 580
Total interviews with parents and others	299
Total interviews by Psychiatrist	1, 879

## PSYCHIATRIC SOCIAL WORKERS

Number of home visits by Psychiatric Social Workers	403
Number of clinic interviews by Psychiatric Social Workers	1, 029
Number of interviews with other officials	193
Visits to schools	37

## EDUCATIONAL PSYCHOLOGIST

Number of clinics by Educational Psychologist	115
Number of children interviewed by Educational Psychologist	204

## SPEECH THERAPY

The Senior Speech Therapist, Miss N. O'Driscoll reports :-

The aim of a speech therapy service is to ensure that, as far as possible, no child is handicapped during his school life because of incompetent speech. A full time service was first established in Dorset in 1946 and since 1957 three speech therapists have been employed. During 1964 the establishment was increased to four, but so far it has not proved possible to fill the vacancy. One therapist gives the whole of her time to the borough of Poole, all the sessions being held at the Central Clinic where the proximity of other services for handicapped children and of the school medical officers have proved a great advantage.

Owing to the scatter of population centralisation is not practicable in the rest of the county and clinics are held in most of the towns as frequently as the numbers of children requiring treatment warrant. Thus four sessions weekly are held in Weymouth and Portland, three in Dorchester, two in Gillingham and one and a half in Wimborne. Single session clinics are also held in Beaminster, Blandford, Bridport, Lyme Regis, Shaftesbury, Sherborne, Swanage and Wareham.

The speech therapists pay frequent visits to schools so that the teachers can be consulted and the children examined in familiar surroundings. Children below school age are usually first seen in their own homes, a procedure which is time consuming but which produces better results as the child is less shy in his home surroundings. The mother is encouraged to accompany young children to the clinic as she is expected to play an important part in the treatment. Children who appear likely to improve as a result of normal maturation combined with the stimulus of school attendance are reviewed every few months but treatment may be arranged later if unaided recovery does not occur.

During the summer of 1964 ten weeks were spent in carrying out a comprehensive speech survey of children attending maintained schools in the County and South Dorset areas. The initial stage of the work was done by the teachers who referred all pupils considered by them to have defective speech. Their help in this and other aspects of the survey was most valuable. The results which are given below are compared with those of a similar survey carried out in the County area in 1946/47. This earlier survey included, of course, a high proportion of older children who had had to endure speech defects without the benefit of treatment, a fact reflected in the incidence of defect which was 3.7% compared with 2.9% in the 1964 survey.

	County area 1946/47	County area 1964	South Dorset 1964
Average number on school registers in January	16,084	24,534	7,865
Number of children examined by speech therapists		856	168
No defect found		122	16
Defects found : (a) Dyslalics	294)	507)	120)
(b) Stammerers	187) 3.7%	161) 2.9%	22) 1.9%
(c) Other defects	111)	66)	10)
Number requiring treatment		358	74
Number requiring observation		211	31
(improvement by maturation expected)			
Number already receiving treatment		90	34

The figures show that up to the present it has been possible to provide for only a proportion of the children with defects and the speech therapists have had to concentrate on the most serious cases and those cases most likely to benefit quickly from therapy.



The number of cases dealt with during the year, apart from those tested in the survey, are given below :-

Cases treated	Discharged	Under treatment	Cases tested	In need of treatment	Not in need	School visits	House visits
399	196	203	64	41	23	8	18

#### NOCTURNAL ENURESIS

The school health service keeps a stock of buzzer alarm units for issue on loan to children suffering from persistent nocturnal enuresis. This undoubtedly fills a need and as the scheme has become known the demands on it have increased. Although during 1964 the stock of units was increased, there is still a waiting list. Cases were referred from both private medical practitioners and the school medical officers, a total of 115 being treated during the year. The majority of cases are aged 6 or 7, experience showing that younger children are not often able to co-operate sufficiently. The health visitors take the units to the homes in order to explain their use and also to confirm that satisfactory arrangements can be made. Clearly the unit cannot be used if a child has to share a bed, and inconvenience to others will also result if the room is shared. The health visitors supervise progress at appropriate intervals and are responsible for the return of the units when it has been decided that treatment should cease which may be after as short a period as three weeks but is more often after two or three months.



## HANDICAPPED PUPILS

One of the main functions of the School Health Service is the assessment of handicapped pupils in accordance with Section 34 of the Education Act, 1944, to ensure that they receive the special educational treatment best suited to their needs. During 1964, 215 children were so assessed, compared with 230 in 1963 and 224 in 1962.

In addition, 14 children of compulsory school age were assessed under Section 57(4) of the Education Act as being incapable of receiving education in school.

Whenever possible handicapped children are retained in ordinary schools if this can be done without detriment to themselves or to other children in the school, as there are often profound advantages in such children being able to live at home and receive their schooling in a completely normal environment. This policy must not, however, be carried too far, as without the specialised facilities, both educational and therapeutic, available at some special schools certain children may not develop to their full potential.

The largest single group of handicapped children are the educationally subnormal. These mostly attend as day pupils at Wimborne Special School (60 on the register at the end of the year) or at special classes attached to ordinary schools. Six primary schools and five secondary schools in the county and South Dorset areas have special classes attached to them and during 1964 the average attendance at these classes was 216. In addition 59 educationally subnormal children from the county and South Dorset areas were at residential schools, 48 of them being at Clyffe House School.

The following list classifies the children at residential schools or hostels at the end of 1964 in the categories specified in the Ministry's "Handicapped Pupils Regulations, 1959", and gives the numbers attending at each school.

### BLIND

Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Chorleywood College for the Blind, Rickmansworth, Chorleywood, Herts.	2
Condover Hall, Condover, Shrewsbury, Salop.	2
Glamorgan School for Visually Handicapped Children, Bridgend, Glam.	1
Royal School for the Blind, Westbury-on-Trym, Bristol.	3
Rushton Hall School, Kettering, Northants.	2

### PARTIALLY SIGHTED

Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or their educational development but can be educated by special methods involving the use of sight.

West of England School for the Partially Sighted, 17 St. David's Hill, Exeter, Devon.	5
---	---

### DEAF

Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Nutfield Priory, Redhill, Surrey.	1
Royal West of England School for the Deaf, Topsham Road, Exeter, Devon.	7

## PARTIALLY HEARING

Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

Brighton School for the Partially Deaf, Ovington Hall, Brighton 7, Sussex.	3
Mill Hill Oral School for the Deaf, Cuckfield, Sussex.	1
Moor House School, Hurst Green, Surrey.	1

## EDUCATIONALLY SUB-NORMAL

Pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

All Souls Special School, Pield Heath House, Hillingdon, Middlesex.	1
Clyffe House Special School, Tincleton, Dorchester.	49
Croydon Hall School, Felon's Oak, Minehead, Somerset.	2
Fosse Way School, Radstock, Somerset.	1
High View Special School, Chigwell, Essex.	1
Seathwaite House School, Rowlands Hill, Wimborne.	2
Withycombe House School, Withycombe Raleigh, Exmouth, Devon.	7

## EPILEPTIC

Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Lingfield Hospital School, Lingfield, Surrey.	1
St. Elizabeth School, Much Hadham, Herts.	1

## MALADJUSTED

Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Caldecott Community, Mersham-le-Hatch, Ashford, Kent.	1
Chaigeley School, Thelwell, Warrington, Cheshire.	1
Crichel Hostel, Totnes, Devon.	1
Penwithen Hostel, Winterborne Monkton, Dorchester.	20
Red Hill School, East Sutton, Kent.	1
Sandon House School, Sandon, Chelmsford, Essex.	2
St. Francis School for Boys, Hooke, Beaminster.	1
Walton Elm School, Marnhull, Sturminster Newton.	3

## PHYSICALLY HANDICAPPED

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.



Burton Hill House School, Malmesbury, Wilts.	4
Chailey Heritage Craft School, Chailey, Sussex.	1
Coney Hill School, Hayes, Kent.	1
Exhall Grange Special School, Exhall, Warwickshire.	1
Halliwick Cripples' School, Winchmore Hill, London, N.21.	1
Hinwick Hall School, Wellingborough, Northants.	1
Ingfield Manor School, Five Oaks, Billingham, Sussex.	2
Lord Mayor Treloar College, Alton, Hants.	1
Periton Mead School, Minehead, Somerset.	1
St. Loyes College, Exeter, Devon.	4
The Sheiling Curative School, Ringwood, Hants.	1
Trueloves School, Ingatestone, Essex.	1
Victoria Home, Lindsay Road, Branksome Park, Poole.	6
Warlies School, Waltham Abbey, Essex.	1
Whiteness Manor School, Kingsgate, Kent.	1

## SPEECH DEFECT

Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Moor House (for Speech Disorders), Oxted, Surrey.	2
---	---

## DELICATE

Pupils not falling under any other category in the Regulation who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Carruthers Corfield House, Rustington, Sussex.	1
Heathercombe Brake School, Heatree House, Manaton, Newton Abbot, Devon.	1
Park Place School, Henley-on-Thames, Oxon.	1
Pilgrims School, Seaford, Sussex.	1
St. Catherine's Home, Ventnor, Isle of Wight.	1
St. Dominic's Open Air School, Mount Olivet, Hambledon, Godalming, Surrey.	1
St. Patrick's Open Air School, Sea Front, Hayling Island, Hants.	5
Suntrap Open Air School, Hayling Island, Hants.	1

## TUITION AT HOME OR IN HOSPITAL

Twenty children suffering from a variety of handicaps which prevented them from attending school received a total of approximately 1,300 hours home tuition during the year.

Tuition was also given to children in the following hospitals :-

	Number of children	Hours of tuition
Weymouth and District Hospital	30	112
Dorset County Hospital	82	232
Portway Hospital, Weymouth	2	65½
Portland Hospital	1	32

## INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1964, the last occasions when they occurred being 1957 and 1960 respectively.

The number of notifications of the common infections during the past ten years have been as follows :-

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Measles	4,944	1,653	2,663	2,604	3,350	1,702	5,431	606	5,255	1,595
Scarlet Fever	72	107	113	147	227	140	55	53	61	57
Whooping Cough	591	373	870	262	161	110	238	38	111	156

### IMMUNISATION AGAINST POLIOMYELITIS, DIPHTHERIA AND TETANUS

Age Group	POLIOMYELITIS							
	County Area		Poole Area		South Dorset Area		Totals	
	Oral	Salk	Oral	Salk	Oral	Salk	Oral	Salk
Primary Courses								
Born in Years 1943 to 1960	245	19	264	-	115	-	624	19
Boosters (Fourths)								
5 to 11 years	2,794	24	1,330	2	650	54	4,774	80

Age Group		DIPHTHERIA AND TETANUS							
		County Area		Poole Area		South Dorset Area		Totals	
		P	B	P	B	P	B	P	B
Born in years 1950 to 1959	(	DIPHTHERIA							
	(	105	1,448	57	704	44	1,597	206	3,749
	(	TETANUS							
	(	300	1,433	192	799	459	1,145	951	3,357
	(								
	(								
P = Primary Course    B = Booster									

### TUBERCULOSIS

Number of children in maintained schools notified during 1964	Pulmonary	4
	Non-pulmonary	1
Number of children on tuberculosis register attending maintained schools at 31st December, 1964	Pulmonary	49
	Non-pulmonary	11

### PREVENTION OF TUBERCULOSIS

#### (a) X-Ray of Staff

There is a compulsory x-ray examination of all teachers taking up their first teaching appointment. In addition, all teachers who take up boarding posts in Dorset are x-rayed on appointment, four such examinations (all negative) being carried out last year.

Fifteen domestic staff starting work in school boarding houses, Clyffe House School and



Penwithen Hostel were also x-rayed with negative results.

(b) Heaf testing of school entrants

All children starting school are given a tuberculin skin test and the families of any children with positive reactions are investigated in an effort to determine the source of the infection.

During the year, excluding 43 children who had previously been given B.C.G. vaccination, a total of 2,211 children were tested of whom only 31 (1.4%) gave a positive reaction.

(c) B.C.G. Vaccination

This scheme which applies to children aged around thirteen years continued as usual. The acceptance rate for children who were offered vaccination was 84.9% compared with 85.7% the previous year. Of the children having the initial Heaf test, 8.9% were found to be positive reactors compared with 11.47% in 1963 and 6.6% in 1962. The positive reactors were all x-rayed but none were found to have any active lesion.

Comment was made in last year's report on the abnormally high percentage of positive reactors found at Beaminster Comprehensive School in 1963. Of the children concerned, none have subsequently developed any sign of active infection. The Beaminster children Heaf tested in 1964 showed a positive reaction rate similar to that in the rest of the county.

STATISTICS

Number of schools visited	52
Number of children eligible	4,659
Number of parental consents	3,958
Number of children tuberculin tested	3,713
Positive reactors	333 (8.9%)
Negative reactors vaccinated	3,201
Absentees	245

## SCHOOL MILK AND MEALS

### SCHOOL MILK

At the end of the year approximately seventy-seven per cent of the children attending schools in Dorset were taking school milk. Of the 252 maintained schools 246 (ninety-eight per cent) receive pasteurised milk in one-third pint bottles, five have bottled untreated milk and one school in the west of the county has untreated milk in bulk from a local producer. Efforts to obtain bottled milk in this instance have so far proved unsuccessful.

There has been a marked improvement during the year in the condition in which empty bottles have been returned to the dairymen and the continued co-operation by teachers in helping to achieve this end has been of the greatest value. This has been a great help in the production of clean bottles and may be the reason why fewer complaints were received in respect of dirty bottles of milk.

The county health department maintains a close supervision of the supply of milk to schools and the following is a statistical summary of samples obtained during the year and submitted to laboratory examination.

Methylene blue test		Phosphatase test		Methylene blue test		Total number of samples	No. of schools sampled
Pass	Fail	Pass	Fail	Pass	Fail		
*1,118	56	1,306	9	68	4	1,387	285

\*141 samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded the prescribed 70° F. on the days the samples were obtained.

Sampling of pasteurised milk supplied to the forty-five schools in the Borough of Poole was undertaken by the borough public health inspectors; thirty-six were obtained and all were satisfactory.

It will be seen that out of a total of 1,174 specimens of pasteurised milk subjected to the methylene blue test fifty-six (approximately five per cent) failed whilst four (over four per cent) of the seventy-two samples of untreated milk did not satisfy this test.

As a check on the cleanliness of bottles, 296 rinses of washed bottles were obtained at the suppliers' premises for laboratory examination. Fifty-six failed to reach a satisfactory standard and the necessary investigations were undertaken at the dairies concerned.

### SCHOOL MEALS

The following information has been supplied by the County Education Officer and relates to the whole of the administrative County, including the Borough of Poole :-

Number of schools or departments receiving meals at 1st January, 1964	259
Number of schools or departments not receiving meals at 1st January, 1964	2
Number of schools or departments receiving meals at 31st December, 1964	252*
Number of schools or departments not receiving meals at 31st December, 1964	2
Number of new kitchens opened in 1964	8+
Number of new dining centres (not classroom dining) opened in 1964	1
Number of day pupils present, 1964	42,788
Number of day pupils taking meals, 1964	29,236
Percentage taking meals, 1964	68.3%

\*Reduction due to closure of small primary schools :      +Includes two in Poole



During the year 105 visits of inspection were made to school kitchens in connection with the Food Hygiene Regulations and in general it can be said that a satisfactory standard of hygiene has been maintained. As a check on the efficiency of the washing-up process, swabs and rinses of cleaned crockery, cutlery and other canteen equipment involving twenty-seven school kitchens have been submitted for laboratory examination and 658 of the 761 specimens examined were of a satisfactory standard. Advisory visits were made in respect of the unsatisfactory reports and repeat specimens usually showed a marked improvement.

Various foodstuffs, totalling 3 cwt. 21 lbs., were examined at school kitchens during the year and found to be unfit. In the majority of cases replacements were made by the suppliers.

#### ABERDEEN TYPHOID EPIDEMIC

As a result of the information obtained in connection with the Aberdeen typhoid epidemic, enquiries were made at all the county educational kitchens regarding stocks of corned beef. Very few had supplies of this commodity and none of this stock was of the type under suspicion at that time.

#### SCHOOL SWIMMING

During the year a further five learner-type swimming pools were completed and brought into use so that at the end of the year there was, in the administrative county area, a total of twenty-four with one under construction. In addition, two schools have conventional swimming pools and two village schools have small portable, plastic sheet pools.

The weather conditions during the summer were ideal for open air swimming and full use was made of the facilities available. Except for the portable pools, water treatment consists of recirculation, filtration and chlorination which, in all but one instance, is either by drip feed or hand dosage, using a hypochlorite solution. In the excepted case an automatic chlorinator has been installed. The method of water filtration and chlorination which was devised by the county health department as a cheap yet effective means of treatment has given very satisfactory results. However, experience has shown that it presents certain maintenance difficulties, particularly for staff at primary schools, and the question of the installation of pressure filters and automatic chlorinators in connection with school swimming pools is being considered.

During the time that the swimming pools were in use close supervision was maintained of the condition of the water. A visit was made each week by an officer of the county health department and in addition to spot checks for free chlorine samples of water were submitted for bacteriological examination. A total of 229 specimens were taken and 195 produced satisfactory results. In the case of the unsatisfactory laboratory reports, the necessary investigations were undertaken.

#### WATER SUPPLIES TO SCHOOLS

Four schools were connected to a main supply of water during the year and the number of maintained educational establishments in the county (including two summer camps) supplied by independent water sources was reduced to nine at the end of the year. One school obtains water from a borehole, four are supplied by wells and four by springs.

Automatic chlorinating apparatus is in use at four schools and supplies of drinking water at a further two schools are hand-dosed with an approved hypochlorite solution.

Regular sampling of the water is carried out at these educational establishments and spot checks are made on the efficiency of chlorination. During the year 116 samples were submitted



for laboratory examination of which twelve failed to reach a satisfactory standard. In each case an investigation was made and subsequent samples passed the tests.

#### SCHOOL CAMPS

Visits of inspection were made during the camping season to the school camps at Carey and Blashenwell and in both cases a very satisfactory standard of hygiene was being maintained.

#### SCHOOL HYGIENE

At the beginning of the year there were seven schools with pail or chemical closets. One of these schools was closed during the year whilst at another an improvement scheme was completed which included waterborne sanitation; thus, at 31st December, the number of schools with conservancy systems was reduced to five. The provision of waterborne sanitation will be undertaken at two further schools during 1965 and it is probable that two of the remaining establishments will be closed in the near future.

During the year five schools were connected to new public sewerage systems.

In my report for 1963 reference was made to the provision of indoor sanitation at schools which have lavatories situated in the playground outside the school buildings. This is a formidable problem which will take some time to resolve but it is satisfactory to be able to report that during 1964 schemes were completed at eight schools and at 31st December work was in hand at a further four schools.

## HEALTH EDUCATION IN SCHOOLS

During 1964 a variety of talks on health subjects were given in schools, mostly by health visitors, dental officers, dental hygienists and school medical officers. Many of the talks were illustrated by films.

	Number of Talks	Size of Audience
Child care and Mothercraft	127	2,021
Dental Hygiene	59	4,641
Personal Hygiene	9	190
Smoking	7	564
First Aid	3	336
Home Nursing	2	19
Welfare Services	2	85
Home Safety	1	17
	-----	-----
Total	210	7,873
	-----	-----

## SMOKING

Information concerning the smoking habits of 665 children aged from ten to twelve attending six schools has been collected by Dr. G. Hopkins and Dr. J. White. The main findings were as follows :-

	Proportion who had tried smoking	Proportion who had smoked 10 or more cigarettes
Boys	83%	30%
Girls	49%	3%

Seventy-eight per cent of all the children reviewed had parents, one or both of whom were smokers compared with eighty-six per cent of those children who had smoked more than ten cigarettes.

The findings are in line with those published by other authorities in showing that educational methods designed to make smoking less popular and less fashionable need starting in primary schools if they are to forestall the establishment of the smoking habit.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER  
J.S. MacLachlan, L.D.S., R.C.S.Eng.

In this, my first annual report, it is fitting that I pay a tribute to my predecessor, Mr. P.J. Pretty, who served the County faithfully and well for over thirty-two years. When he was appointed in 1931 all the dental treatment in the County was carried out by two dental officers, working single handed with portable equipment in classrooms and school halls; when he retired in March, 1964, the establishment had been increased to fifteen dental officers and dental surgery assistants, a dental auxiliary and three dental hygienists. Fixed clinics had been erected for all dental officers save one and six mobile clinics had been provided.

## STAFF

On 31st December, 1964, there were twelve full-time dental officers on the staff, a decrease of one compared with the position on 31st December, 1963. The number of part-time officers increased from three to four giving a total whole-time equivalent of 1.8 dental officers. The average staff level, estimated on the total number of sessions worked in the school dental service, showed an equivalent of 11.36 whole-time officers, a decrease of 10% as compared with 1963.

### Resignations

P.J. Pretty, Esq., L.D.S., R.C.S.Eng., Principal School Dental Officer, resigned on 31st March, 1964, after thirty-two years service.

E. Farwell, Esq., L.D.S., Dental Officer, Weymouth, resigned on 30th September, 1964, after eight years service.

W.V.A. Hodges, Esq., M.C., L.D.S., R.C.S.Eng., Dental Officer, Dorchester Rural area, resigned on 30th November, 1964, after twenty-two years service.

### Appointments

J.S. MacLachlan, Esq., L.D.S., R.C.S.Eng., Principal School Dental Officer, appointed 30th March, 1964.

N.P. Bronsdon, Esq., M.R.C.S., L.R.C.P., L.D.S., R.C.S.Eng., appointed 1st October, 1964.

## DENTAL INSPECTIONS

The time lag between routine school inspections varies in different areas in the county from nine months to over four years. It is hoped that, due to a re-organisation of dental officers' areas as well as to the implementation of an increased establishment, it will be possible eventually to promise an annual inspection of all schools in the county together with a six monthly recall system for those children accepting treatment.

Table A below shows details of inspection figures over the past five years :-

	1960	1961	1962	1963	1964
Percentage of School Population inspected					
(a) Routine	74	72	72	68	70
(b) Special and routine	80	77	78	74	80
Percentage of those inspected found to require treatment	62	60	58	57	61
Percentage of those offered treatment who were treated	52	58	63	64	67



In no one year has it proved possible to inspect more than 80% of the school population and this figure includes those inspected as specials for the relief of pain and at the request of parents or doctors. That the number of specials inspected is so high in South Dorset (36% of all children inspected) is an indication of the inability of the present staff to cope with the demand for their services. It is hoped that it will be possible to recruit an additional dental officer during 1965, so that more children may be inspected at routine visits to schools.

The ultimate criterion by which the success of any dental service may be judged must be the number of children who at any one time are dentally fit. The fact that the percentage of children requiring dental treatment has remained so nearly constant over the past five years is due, in a large measure, to the assistance afforded by practitioners in the General Dental Services, who, although themselves extremely busy with other sections of the population are nevertheless making a valuable contribution towards maintaining the dental health of school children.

During the latter part of the year, records have been kept of the number of children, who, as far as the dental officers can determine, are receiving regular treatment from the General Dental Service. Variations in these figures, in different parts of the County, were great, but the percentage of children receiving no regular treatment from either service was surprisingly constant. For greater clarity these figures are shown diagrammatically at the end of this Report for those areas which may euphemistically be termed "Urban" (where schools are within two miles of a general dental service practice) and the rural areas, where children would often have had to travel quite considerable distances to obtain dental treatment had the school dental service not been available to provide treatment on school premises.

## GENERAL

During the year a special sub-committee set up in 1963 to investigate the state of the dental health of school children in Dorset made its report, which was accepted by the Education Committee. It provided for the organisation of dresserships for dental officers in oral surgery and orthodontics, for the increase of the establishment by three dental officers including the upgrading of two dental officers to the new grade of Senior Dental Officer and to allow the employment of two additional dental surgery assistants in Dorchester and Weymouth. It was further agreed that all dental equipment and mobile clinics should be overhauled and modernised where necessary and that three additional mobile clinics should be provided.

It is of interest to note that in the report of the Principal School Medical Officer of 1946 attention was drawn "to the work of Weaver and others establishing the fact that inhibition to dental caries is conferred by the presence of fluorides in small amounts in drinking water", and recommending that fluorides be added to the water supply. This advice was given six years before the Government sent a Mission to the United States of America to investigate the desirability of fluoridating the public water supply. It seems unfortunate that Dorset, which has always been a dentally enlightened county, being indeed the first county to organise a school dental service in a rural area as long ago as 1911, should have missed this opportunity to lead the field, and that nearly twenty years later this valuable and well-proven dental health measure has not yet been implemented.

## TREATMENT

Statistical Tables are given at the end of the report.

The following Table gives the average amount of treatment per 100 children treated in representative years since 1935.

	1935	1945	1955	1964
Fillings (permanent teeth)	170	160	150	186
Fillings (temporary teeth)	8	5	21	74
Total Extractions	260	134	134	78
Ratio of permanent teeth filled to permanent teeth extracted	3.6 to 1	5.5 to 1	3.6 to 1	6.3 to 1

As the prime function of the school dental service is the prevention of dental decay, it is encouraging to note that, over the years, the number of fillings has risen and the number of extractions has declined. Hitherto, no distinction has been made between the extraction of permanent teeth for caries and their extraction for orthodontic purposes, and thus the ratio of permanent teeth filled to permanent teeth extracted is at present artificially low. Dental officers, however, will be recording the number of permanent teeth extracted for orthodontic purposes and it will thus be possible in future to provide a more realistic picture. Nevertheless, the increase in this ratio is encouraging.

The fact that slightly more work has been done throughout the year in rather fewer treatment sessions than in 1963 reflects great credit on the staff who have not only had to suffer a new broom in the shape of a Principal, but also many administrative changes. They have borne up remarkably well.

## ORTHODONTICS

The Regional Hospital Board Consultant, J.D. Hooper, Esq., L.D.S., R.C.S., D.Orth., and one of his senior registrars attend at Dorchester Clinic on two days per week to carry out orthodontic treatment for patients referred by dental practitioners in Dorset from both the school and general dental services, providing an excellent example of mutual co-operation between the three branches of the National Dental Service in providing a scheme of consultation and treatment. During the year they provided treatment for 89 children attending maintained schools and gave valuable advice to dental officers in respect of an additional 44. Regrettably, the amount of time which they have been able to allocate to treatment in Dorchester is far from sufficient, there being, at the time of writing, a waiting list of eight months (January, 1965).

## DENTAL HEALTH EDUCATION

The object of dental health education is to train the general public to do their own share in maintaining the teeth and supporting structures in a healthy condition by paying attention to diet and oral hygiene; and by seeking professional advice at frequent intervals. It is unfortunate that at present the national shortage of dentists prevents full treatment from being offered to all. It must be realised from the outset that any campaign of dental health education must be assessed from the long-term point of view and that worthwhile results are unlikely to be seen for at least a generation.

Essentially the ideal audience for dental health education is the parent who thereby can ensure that children are trained in the right way and are fed with the correct foods at regular intervals so that they may acquire good habits. Although much can be done by contacting parents at welfare centres, the type of parent that is most in need of instruction is rarely a regular attender at such places and can only be educated through her children, who, through being a captive audience at school, are compelled to receive adequate instruction.



Although in older age groups much information on dental health is gained as part of the school curriculum, it is desirable that much of the actual teaching of dental health should be carried out by professional people or by ancillary staff directly under the control of the Principal School Dental Officer. This will ensure that anything that is taught is taught correctly by an enthusiast who knows what he is talking about and has sufficient background knowledge to answer questions correctly. For instance, one of the main points which is to be made is that the eating of sweet things between meals is the greatest single cause of dental decay. A teacher at a school which maintains a school tuck shop might well find himself in a somewhat invidious position if he has to make this point with any force.

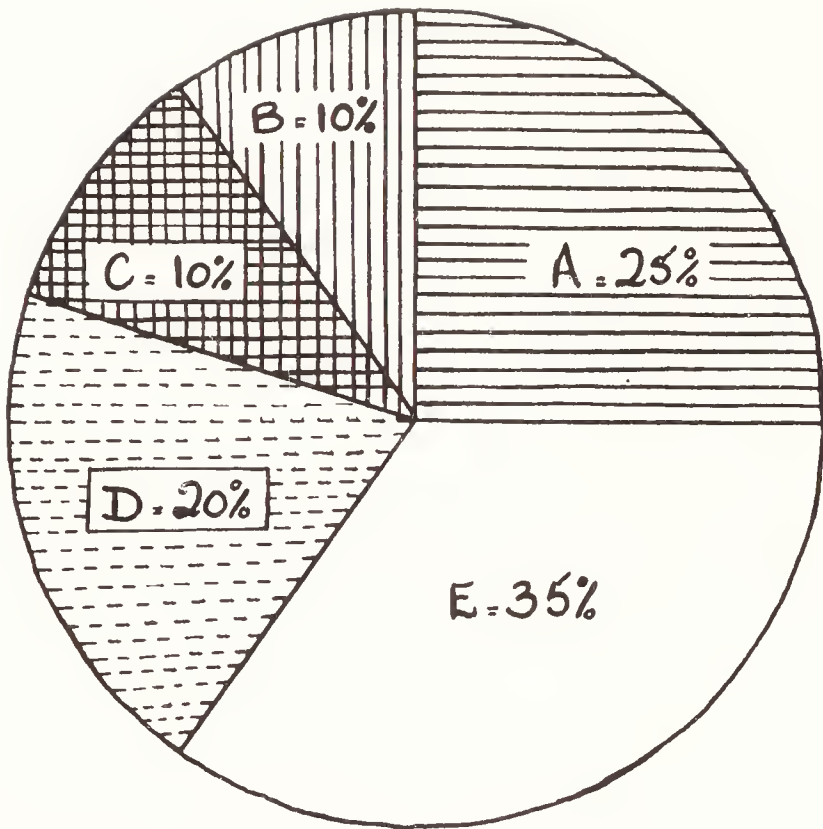
During the year dental health education in schools has been carried out by members of the dental staff and included thirty-two talks to 2,256 Primary school children and eight talks to 1,145 Secondary school children.

#### SUMMARY

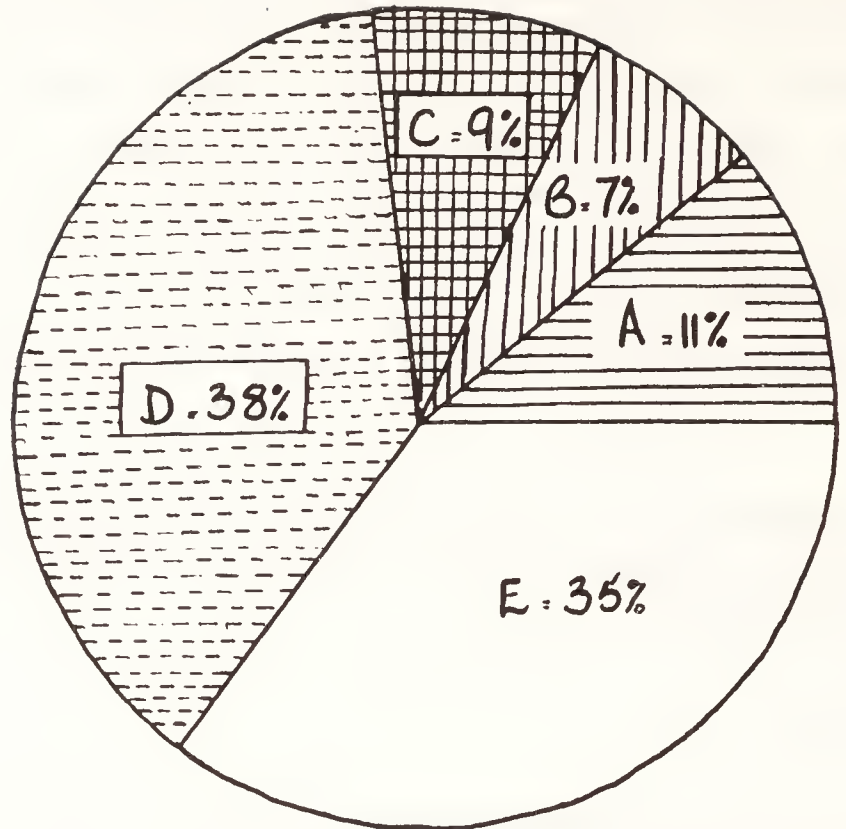
67% of all children who were offered treatment received it, and, in doing so made 30,058 attendances. It is hoped that, in future years, with an increased staff, this figure will be greatly increased.

My thanks are due to all those, who by their help and encouragement, have made it possible for the school dental service in Dorset to carry out its duties.





"URBAN"



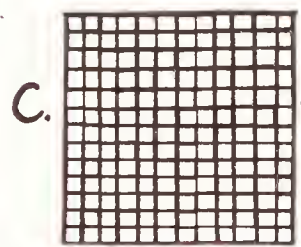
"RURAL"



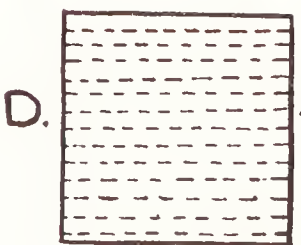
RENDERED DENTALLY FIT BY THE GENERAL DENTAL SERVICE.



UNDER TREATMENT BY THE GENERAL DENTAL SERVICE.



RENDERED DENTALLY FIT BY THE SCHOOL DENTAL SERVICE.



TREATED BY THE SCHOOL DENTAL SERVICE.



RECEIVING NO REGULAR TREATMENT.

# SCHOOL CLINICS - LOCATION, TYPE AND NUMBER OF SESSIONS PER WEEK

The Clinic, Hogshill Street, Beaminster.	1 Speech	Old Town Clinic, 67 Market Street, Poole.	1 Minor Ailments
County Clinic, Salisbury Street, Blandford.	1 Deafness Assessment (per month) 2 Dental 1 Speech	County Clinic, Fortuneswell, Portland.	1 Minor Ailments 5 Dental 1 Speech
Health Centre, North Allington, Bridport.	1 Deafness Assessment (per month) 2 Dental 1 Speech 1 Child Guidance	County Clinic, Secondary Modern School, Shaftesbury.	1 Deafness Assessment (per month) 1 Speech 4 Dental
Health Centre, Glyde Path Road, Dorchester.	2 Deafness Assessment (per month) 5 Dental 3 Speech 2 Child Guidance	County Clinic, Horsecastles, Sherborne.	1 Deafness Assessment (per month) 2 Dental 1 Speech 1 Child Guidance (per fortnight)
County Clinic, St. Martin's, Gillingham.	1 Deafness Assessment (per month) 2 Dental 2 Speech 1 Child Guidance (per fortnight)	County Clinic, Bridge Street, Sturminster Newton.	1 Deafness Assessment (per month)
The Clinic, Lanark Close, Hamworthy.	2 Minor Ailments 6 Dental	Health Centre, High Street, Swanage.	1 Deafness Assessment (per month) 1 Dental 1 Speech
Woodmead Hall, Lyme Regis.	1 Speech	Methodist Hall, Dollins Lane, Wareham.	1 Deafness Assessment (per month)
Branksome Clinic, Layton Road, Parkstone.	1 Minor Ailments 20 Dental	County Modern School, Wareham.	1 Speech
Sylvan School, Livingstone Road, Parkstone.	1 Minor Ailments	Health Centre, Westham Road, Weymouth.	6 Minor Ailments 10 Dental 2 Speech
Central Clinic, Park Road, Poole.	1 Deafness Assessment 12 Dental 10 Speech 2 Physiotherapy 3½ Child Guidance	The Clinic, Wyke Regis, Weymouth.	1 Speech 1 Child Guidance
Oakdale Clinic, 337 Wimborne Road, Poole.	1 Minor Ailments 1 Enuresis (per fortnight)	Grammar School, Wimborne.	1 Speech
		Modern School, Wimborne.	1 Speech (per fortnight)
		The Methodist Hall, King Street, Wimborne.	1 Deafness Assessment (per month)

STATISTICAL APPENDIX

YEAR ENDED - 31st DECEMBER, 1964

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

P = Poole Area      S.D. = South Dorset Area      C = Remainder of County

Age Groups inspected (By year of birth)	No. of pupils who received a full medical examination				Physical condition of pupils inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)															
					Satisfactory				Unsatisfactory				for defective vision (excluding squint)				for any other condition recorded at Part II				Total individual pupils			
	P	S.D.	C	Total	P	S.D.	C	Total	P	S.D.	C	Total	P	S.D.	C	Total	P	S.D.	C	Total				
(1)	(2)				(3)				(4)				(5)				(6)				(7)			
1960 and later	12	4	-	16	12	4	-	16	-	-	-	-	-	5	-	-	5	5	-	-	5			
1959	857	543	8	1,408	849	543	8	1,400	8	14	16	-	30	221	53	4	278	207	67	3	277			
1958	400	297	33	730	395	297	32	724	5	6	11	6	3	20	110	18	6	134	107	23	7	137		
1957	374	49	1,187	1,610	372	49	1,182	1,603	2	5	7	21	2	112	121	3	163	287	134	4	189	327		
1956	470	24	243	737	469	24	240	733	1	-	3	29	-	49	126	2	46	174	133	2	48	183		
1955	196	22	97	315	193	22	97	312	3	-	3	23	1	28	72	5	7	84	76	5	10	91		
1954	96	546	63	705	95	546	62	703	1	-	1	14	60	4	48	46	15	109	47	105	14	166		
1953	371	148	44	563	369	148	43	560	2	-	1	3	64	15	98	9	6	113	133	24	9	166		
1952	387	39	117	543	383	39	117	539	4	-	-	4	67	7	106	3	6	115	147	9	17	173		
1951	132	18	88	238	129	18	88	235	3	-	-	3	12	4	41	-	5	46	50	4	12	66		
1950	168	199	103	470	164	199	103	466	4	-	-	4	36	28	51	14	14	79	71	40	25	136		
1949 and earlier	936	438	1,328	2,702	929	438	1,328	2,695	7	-	-	7	160	82	129	195	27	82	302	107	196	605		
Total	4,399	2,327	3,311	10,037	4,359	2,327	3,300	9,986	40	-	11	51	451	221	291	1,194	180	354	1,728	1,412	390	530	2,332	

Col. (3) as a percentage of Col. (2)  
P      S.D.      C      Total  
99.09    100    99.67    99.49

Col. (4) as a percentage of Col. (2)  
P      S.D.      C      Total  
0.91    -      0.33    0.51



TABLE B - OTHER INSPECTIONS

	Poole	South Dorset	County	Totals
Number of Special Inspections	846	232	7,149	8,227
Number of Re-Inspections	1,121	178	1,961	3,260
	<hr/>			
Totals	1,967	410	9,110	11,487
	<hr/>			

TABLE C - INFESTATION WITH VERMIN

	Poole	South Dorset	County	Totals
Total number of individual examinations of pupils in schools by school nurses or other authorised persons	27,282	18,091	13,678	59,051
Total number of individual pupils found to be infested	124	22	66	212
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil	Nil	Nil	Nil
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil	Nil	Nil	Nil

PART II - DEFECTS FOUND BY PERIODICAL AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

DEFECT OR DISEASE	T = TREATMENT										O = OBSERVATION														
	ENTRANTS					PERIODIC INSPECTIONS					OTHERS					TOTALS					SPECIAL INSPECTIONS				
	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals					
Skin	T	30	8	14	52	42	8	12	62	48	12	2	62	120	28	28	176	37	6	2	45				
	O	18	-	24	42	24	1	2	27	27	2	2	31	69	3	28	100	1	-	1	2				
Eyes - (a) Vision	T	25	36	118	179	196	106	120	422	230	79	40	349	451	221	278	950	24	45	598	667				
	O	43	121	211	375	38	9	80	127	181	36	40	257	262	166	331	759	4	3	302	309				
(b) Squint	T	22	22	37	81	19	16	10	45	48	10	-	58	89	48	47	184	1	-	5	6				
	O	11	1	28	40	6	-	1	7	13	1	-	14	30	2	29	61	-	1	1	2				
(c) Other	T	6	1	6	13	13	-	5	18	24	-	2	26	43	1	13	57	9	2	11	22				
	O	6	-	47	53	10	-	4	14	29	-	4	33	45	-	55	100	-	-	4	4				
Ears - (a) Hearing	T	7	5	9	21	7	1	3	11	15	2	-	17	29	8	12	49	13	-	100	113				
	O	74	-	60	134	28	-	4	32	76	1	1	78	178	1	65	244	5	1	82	88				
(b) Otitis Media	T	8	1	11	20	1	1	-	2	4	-	-	4	13	2	11	26	2	-	1	3				
	O	28	2	9	39	5	-	-	5	14	-	-	14	47	2	9	58	-	-	1	1				
(c) Other	T	10	-	3	13	2	-	1	3	6	1	-	7	18	1	4	23	34	-	1	35				
	O	5	1	2	8	9	-	1	10	26	2	-	28	40	3	3	46	1	-	3	4				
Nose and Throat	T	59	11	50	120	16	2	1	19	78	6	2	86	153	19	53	225	2	3	10	15				
	O	176	13	99	288	42	-	6	48	158	5	10	173	376	18	115	509	7	-	17	24				
Speech	T	14	7	14	35	1	-	3	4	15	1	2	18	30	8	19	57	62	2	11	75				
	O	65	6	33	104	8	-	2	10	48	-	2	50	121	6	37	164	30	-	20	50				
Lymphatic Glands	T	1	-	1	2	1	-	-	1	-	-	-	-	2	-	1	3	-	-	-	-				
	O	20	11	5	36	9	3	1	13	22	4	3	29	51	18	9	78	-	-	-	-				
Heart	T	4	5	6	15	4	-	2	6	5	2	-	7	13	7	8	28	-	-	-	-				
	O	10	5	17	32	14	1	9	24	14	2	-	16	38	8	26	72	1	-	1	2				
Lungs	T	18	9	13	40	10	-	1	11	25	7	2	34	53	16	16	85	3	-	2	5				
	O	36	5	40	81	13	-	4	17	27	2	2	31	76	7	46	129	1	1	3	5				
Developmental - (a) Hernia	T	1	1	1	3	-	-	3	3	4	1	-	5	5	2	4	11	-	-	-	-				
	O	32	-	6	38	-	-	1	1	11	-	-	11	43	-	7	50	-	-	-	-				
(b) Other	T	8	5	10	23	5	4	3	12	5	5	-	10	18	14	13	45	1	2	2	5				
	O	20	28	32	80	3	3	3	9	42	10	-	52	65	41	35	141	-	3	3	6				
Orthopaedic - (a) Posture	T	10	1	3	14	7	-	4	11	30	1	4	35	47	2	11	60	1	-	2	3				
	O	9	2	5	16	46	-	6	52	17	-	6	23	72	2	17	91	-	-	3	3				
(b) Feet	T	76	4	37	117	25	-	20	45	98	1	2	101	199	5	59	263	3	-	11	14				
	O	82	2	69	153	67	-	28	95	111	1	11	123	260	3	108	371	2	-	17	19				
(c) Other	T	32	2	8	42	43	3	6	52	46	-	1	47	121	5	15	144	12	-	2	14				
	O	47	1	24	72	65	-	10	75	75	-	10	85	187	1	44	232	2	-	1	3				
Nervous System - (a) Epilepsy	T	4	3	3	10	2	-	7	9	7	1	1	9	13	4	11	28	-	-	1	1				
	O	1	-	4	5	1	-	6	7	4	2	1	7	6	2	11	19	-	-	1	1				
(b) Other	T	-	-	3	3	5	-	2	7	2	-	-	2	7	-	5	12	1	-	-	1				
	O	1	4	19	24	2	-	3	5	14	-	5	19	17	4	27	48	-	-	-	-				
Psychological - (a) Development	T	-	7	3	10	22	2	2	26	74	11	-	85	96	20	5	121	69	2	6	77				
	O	22	5	18	45	24	1	4	29	60	1	-	61	106	7	22	135	5	-	17	22				
(b) Stability	T	7	1	9	17	6	2	3	11	25	1	-	26	38	4	12	54	91	-	3	94				
	O	101	2	26	129	19	-	2	21	111	1	-	112	231	3	28	262	1	-	12	13				
Abdomen	T	5	-	5	10	5	-	1	6	10	-	1	11	20	-	7	27	2	-	2	4				
	O	5	-	8	13	6	-	-	6	19	1	2	22	30	1	10	41	-	-	2	2				
Other	T	14	-	7	21	10	1	5	16	43	2	1	46	67	3	13	83	16	57	4	77				
	O	20	1	23	44	9	-	3	12	38	2	2	42	67	3	28	98	-	-	15	15				

### PART III - TREATMENT OF PUPILS

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with			
	Poole	South Dorset	County	Totals
External and other, excluding errors of refraction and squint	43	22	5	70
Errors of refraction (including squint)	1,209	869	1,476	3,554
Totals	1,252	891	1,481	3,624
Number of pupils for whom spectacles were prescribed	789	261	515	1,565

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with			
	Poole	South Dorset	County	Totals
Received operative treatment :-				
(a) for diseases of the ear	9	2	5	16
(b) for adenoids and chronic tonsillitis	207	188	278	673
(c) for other nose and throat conditions	7	21	17	45
Received other forms of treatment	34	-	6	40
Totals	257	211	306	774
Total number of pupils in schools who are known to have been provided with hearing aids :-				
(a) in 1964	3	8	14	25
(b) in previous years	22	14	47	83

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated			
	Poole	South Dorset	County	Totals
(a) Pupils treated at clinics or out-patient departments	372	96	111	579
(b) Pupils treated at school for postural defects	188	-	675	863
Totals	560	96	786	1,442

TABLE D - DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated			
	Poole	South Dorset	County	Totals
Ringworm - (a) Scalp	-	-	-	-
(b) Body	-	-	3	3
Scabies	-	1	-	1
Impetigo	6	-	6	12
Other skin diseases	58	6	-	64
Totals	64	7	9	80



TABLE E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated			
	Poole	South Dorset	County	Totals
Pupils treated at Child Guidance Clinics	396	116	428	940

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated			
	Poole	South Dorset	County	Totals
Pupils treated by speech therapists	139	64	260	463

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with			
	Poole	South Dorset	County	Totals
(a) Pupils with minor ailments	55	61	-	116
(b) Pupils who received convalescent treatment under School Health Service arrangements		-	-	-
(c) Pupils who received B.C.G. vaccination	813	582	1,797	3,192
(d) Other than (a), (b) and (c) above				
Pupils who received breathing exercises at an Asthma Clinic	41	-	-	41
Pupils who received treatment for enuresis (Buzzer alarms)	81	-	34	115
Totals	990	643	1,831	3,464

## SCREENING TESTS OF VISION AND HEARING

Is the vision of entrants tested?	Yes
If so, how soon after entry is this done?	Three to six months
How frequently is vision testing repeated throughout a child's school life?	Every two to three years
Is colour vision testing undertaken?	Yes
If so, at what age?	Between eleven and fourteen years
Are both boys and girls tested?	Yes
By whom is vision and colour testing carried out?	Vision by school medical officers and school nurses. Colour vision by school medical officers.
Is audiometric testing of entrants carried out?	Yes
If so, how soon after entry is this done?	Within one year
By whom is audiometric testing carried out?	Audiometrician

# DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Poole	South Dorset	County	Totals
(A) Dental and Orthodontic work				
(1) Number of pupils inspected by the authority's dental officers :-				
(a) At periodic inspections	10,981	3,180	17,799	31,960
(b) As specials	1,078	1,807	1,631	4,516
Totals (1)	12,059	4,987	19,430	36,476
(2) Number found to require treatment	5,920	3,863	12,242	22,025
(3) Number offered treatment	3,227	3,415	10,201	16,843
(4) Number actually treated	2,785	2,909	5,597	11,291
(B) Dental work (other than orthodontics)				
(1) Number of attendances made by pupils for treatment, excluding those recorded at (C) (1) below	7,845	5,849	16,364	30,058
(2) Half-days devoted to :-				
(a) Periodic (school) inspections	88	22	163	273
(b) Treatment	1,438	864	2,863	5,165
Totals (2)	1,526	886	3,026	5,438
(3) Fillings :-				
(a) Permanent teeth	5,774	2,987	12,196	20,957
(b) Temporary teeth	2,725	1,443	4,189	8,357
Totals (3)	8,499	4,430	16,385	29,314
(4) Number of teeth filled :-				
(a) Permanent teeth	3,730	2,708	10,874	17,312
(b) Temporary teeth	2,035	1,390	3,854	7,279
Totals (4)	5,765	4,098	14,728	24,591
(5) Extractions :-				
(a) Permanent teeth	662	873	1,180	2,715
(b) Temporary teeth	1,332	1,686	3,069	6,087
Totals (5)	1,994	2,559	4,249	8,802
(6) (a) Number of general anaesthetics given for extractions	738	1,333	1,125	3,196
(b) Number of half days devoted to the administration of general anaesthetics by :-				
(i) Dentists	-	-	-	-
(ii) Medical Practitioners	87	88	127	302
Totals (6)(b)	87	88	127	302
(7) Number of pupils supplied with artificial teeth	25	16	22	63
(8) Other operations :-				
(a) Crowns	14	-	-	14
(b) Inlays	2	3	-	5
(c) Other treatment	6,250	1,362	2,832	10,444
Totals (8)	6,266	1,365	2,832	10,463

	Poole	South Dorset	County	Totals
(C) Orthodontics				
(1) Number of attendances made by pupils for orthodontic treatment	893	464	702	2,059
(2) Half days devoted to orthodontic treatment	78	38	58	174
(3) Cases commenced during the year	74	38	77	189
(4) Cases brought forward from the previous year	60	51	126	237
(5) Cases completed during the year	73	54	135	218
(6) Cases discontinued during the year	7	6	16	29
(7) Number of pupils treated by means of appliances	134	89	203	426
(8) Number of removable appliances fitted	76	39	101	216
(9) Number of fixed appliances fitted	-	-	-	-
(10) Cases referred to and treated by Hospital Orthodontists	28	31	63	122





